



MISSOURI DEPARTMENT OF REVENUE  
TAX ADMINISTRATION BUREAU  
P.O. BOX 898  
JEFFERSON CITY, MO 65105-0898  
(573) 751-2326 TDD 1-800-735-2966

**CREDIT INSTITUTION TAX RETURN**

FORM  
**2823**  
(REV. 11-95)

DLN

**FOR CALENDAR YEAR 1996 - BASED ON THE YEAR 1995** ADDRESS CORRECTION REQUESTED **DUE DATE APRIL 15, 1996**

NAME	
ADDRESS	CITY, STATE, ZIP CODE
FEDERAL EMPLOYER IDENTIFICATION NUMBER	COUNTY NUMBER

During this taxable year, have you been notified of a change in your Federal net income taxes for any prior period? ☐ YES ☐ NO  
(If yes, submit schedule of changes.)

**NOTE: A COPY OF THE FEDERAL RETURN AND SUPPORTING SCHEDULES MUST BE ATTACHED TO THIS RETURN.**

**PART I**

1. Federal taxable income (loss) from Federal Form 1120, Line 28 .....	\$
<b>ADDITIONS</b>	
2. Income from State and/or Political subdivisions obligations not included in Federal income (Explain if different from Federal Form 1120, Schedule M-1, Line 7) .....	\$
3. Income from Federal Government securities not included in Federal income .....	
4. Charitable contribution claimed on Federal return .....	
5. Bad Debt provision claimed on Federal return .....	
6. Net bad debt recoveries .....	
7. Missouri Credit institution tax deducted on Federal return .....	
8. Taxes deducted on Federal return, claimed as credits on this return. Enter here and on Line 19. (Must be detailed on Schedule A or Attachment) Explain difference, if any, between this amount and Federal Form 1120, Line 17, Page 1 .....	
9. Other additions (Attach schedule) .....	
10. TOTAL of Lines 1 through 9 .....	\$

**PART II DEDUCTIONS**

11. Net bad debt chargeoffs .....	\$
12. Federal income tax deduction (see instructions) .....	
13. Other deductions (Attach schedule) .....	
14. Total of Lines 11, 12, and 13 .....	
15. Total income before charitable contribution deduction (Line 10 less Line 14) .....	
16. Less charitable contribution deduction (Limit is 5% of Line 15) .....	
17. Taxable income (Line 15 less Line 16) .....	

**PART III COMPUTATION OF TAX**

18. Tax at 7% of Line 17 .....	\$
19. Less credits from Line 8 .....	
20. Tax due .....	
21A. Less tentative payment .....	
21B. Overpayment of previous year's tax (Attach approved credit voucher) .....	
21C. Miscellaneous Credits (Attach Schedule) .....	
21D. Enterprise Zone credit .....	
22. Net tax due .....	
23. Plus interest, 9% per annum of Line 22 for payment after April 15, 1996 .....	
24. TOTAL AMOUNT DUE .....	\$

SCHEDULE A - TAXES CLAIMED AS CREDITS	
DESCRIPTION (DO NOT LIST TANGIBLE PERSONAL PROPERTY TAX ON LEASED PROPERTY)	AMOUNT
	\$
TOTAL (Enter on Lines 8 and 19, Page 1)	\$

SCHEDULE B - POLITICAL SUBDIVISIONS TAXING THE REPORTING CREDIT INSTITUTION			
SECTION 1 This must be filled out — Information available from your Real or Personal Property Tax Receipt.		SECTION 2 Do not fill out — For State Use.	
SUBDIVISIONS	NAME OR NUMBER	RATE	AMOUNT
County			
City or Town			
Road District			
School District			
Library District			
Water District			
Sewer District			
Fire District			
Other Districts			

QUESTIONS	
1. Attach a list of offices in Missouri for which this return is made. Indicate the address of each office and the percentage of gross income of each to the total income of the company in Missouri.	
2. Is this return made on the basis of actual receipts and disbursements? If not, describe fully what other basis or method was used in computing net income.	
3. State principal source of income	
4. If business is a pawnbroker, state what percent of your total business is your loan business.	

AUTHORIZATION/NON-AUTHORIZATION	
<input type="checkbox"/> I authorize the Director of Revenue or his/her delegate to discuss my return and attachments with the preparer or any member of his/her firm.	<div>PREPARER'S TELEPHONE</div> <input type="checkbox"/> I do <b>NOT</b> authorize the Director of Revenue or his/her delegate to discuss my return and attachments with the preparer or any member of his/her firm.

SIGNATURE - PLEASE SIGN BELOW			
, whose Return is herewith submitted, declare that we have read and are familiar with all of the statements contained in this Return, including the accompanying schedules (if any) all of which are true and correct, according to our best knowledge and belief, and that this return is a true and complete statement, in accordance with the law, for the taxable year covered.			
SIGNATURE OF OFFICER	DATE	PREPARER'S SIGNATURE (OTHER THAN TAXPAYER)	DATE
TITLE OF OFFICER	PHONE NUMBER	PREPARER'S ADDRESS AND ZIP CODE	FEIN

<b>MAKE CHECK PAYABLE TO "FINANCIAL INSTITUTION TAX". MAIL COMPLETED FORM AND ATTACHMENTS TO TAX ADMINISTRATION BUREAU, FINANCIAL INSTITUTION TAX SECTION, P.O. BOX 898, JEFFERSON CITY, MO 65105-0898.</b>
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